35

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05 Registration Number, if PAC Boyce For Columbus Office Sought District Counci City Zip Code OH Type of Report (place X to the left of report Post-Primary Pre-Primary Pre-General Post-General July Monthly August September type) Monthly Monthly Termination No Report Electronically Filed? Yes No d 0 Date of Election

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box \square No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

I. Amount brought forward from last report	\$	6,470	96
2. Total monetary contributions (From Form No. 31-A)	\$	104,755	22
3. Total other income (From Form No. 31-A-2)	\$	X	χ×
4. Total funds available (sum of lines 1, 2, 3)	\$	111,220	18
5. Total monetary expenditures (From Form No. 31-B)	\$	36,818.	81
6, Balance on hand (line 4 minus line 5)	\$	74,407	37
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$, χ	X
8. Value of in-kind contributions made (From Form No. 31-J-2)	s	X	×
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	Υ	K
10. Outstanding debts owed by committee (From Form No. 31-N)	s	Y	×
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	X	X
12. Value of independent expenditures made (From Form No. 31-U)	\$	Х	×
 For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. 	\$		

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Contribution	Expenditure		Other	Total 0

30-A R.C. 3517.10

Ohio Campaign Finance Report

			Prescr	ibed by Secretary o	f State 3	3/05		£	A BANK	i i i i i i i i i i i i i i i i i i i
Full Name of Committee								Registratio	on Number, [PACELEC
Full Name of Candidate		***************************************					<u> </u>	<u>L</u>		
Street Address						Office Sought			Distr	ict
City							Sta OH	te Z	ip Code	
Type of Report		Pre-Primary	Post-Prin	nary		Pre-General		Post-Gener	ral	Annual Year
(place X to the left of re type)	port	July Monthly	August Monthly			September Monthly		Terminatio	n E	Semiannual
Amended Report?	Yes 🗖 No	Report Electronically Fi	led? 🗖 Yes [□ No	Date of	Election	M		D	Y
THE INFORMATION C	2. Toi 3. Toi 4. Toi 5. Toi 6. Bal 7. Val 8. Val 9. Ou 10. Or 11. Or 12. Va		of lines 1, 2, 3) of lines 1, 2, 3) of lines 1, 2, 3) os (From Form No ons received (From ons made (From F committee (From y committee (From ditures made (From nditures made (From les only unit of any new located)	n. 31-B) n Form No. 31-J-1 form No. 31-J-2) Form No. 31-C) n Form No. 31-K) rom Form No. 31-K)	J)			OO	MITS ELEC	CTION
Print Name and Title (Trea	surer and Dem	ity Treasurer only)	Signatu	ıre					00/000 Date	0
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Contribution		Expenditure			Oth	ner ges			Total	0

31	-A		
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Page Total \$

Name of Committee in Full Kevin L. Boyce for Columbus City	/ Council Co	ommittee		
Full Name of Contributor William D. Faith			Registration Number, if P	AC
Street Address 340 Clinton Heights Ave.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	0 6 1 0 0 5	Amount 150
Full Name of Contributor Douglas G. McMarlin			Registration Number, if P	AC
Street Address 366 Eastmoor Blvd,	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	0 ^M 6 1 0 0 5	Amount 250
Full Name of Contributor Graphic T's Inc. (refund)			Registration Number, if F	AC
Street Address 532R Main Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Groveport	State OH	Zip Code 43125	0 6 1 0 0 5	Amount 250
Full Name of Contributor Marlene Lynn			Registration Number, if F	AC
Street Address 7725 Kelvinway Drive	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH	Zip Code 43085	0 ^M 6 1 0 0 5	Amount 20
Full Name of Contributor John P. Carney			Registration Number, if F	AC
Street Address 357 E. Torrence Road	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43214	0 ^M 6 1 0 0 5	Amount 100
Full Name of Contributor Committee For Cindy Lazarus			Registration Number, if F	AC
Street Address 404 South Chesterfield Road	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	0 ^M 6 1 0 0 5	Amount 300
Full Name of Contributor Rafe Lewis			Registration Number, if I	PAC
Street Address P.O. Box 10149	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43201	0 6 1 0 0 5	Amount 25
Full Name of Contributor Jo Anne St. Clair			Registration Number, if I	PAC
Street Address 209 Olentangy Street	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43202	0 6 1 0 ° 5	Amount 35

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Prescribed by Secretary of State 03/05

Name of Committee in Full	·				
Full Name of Contributor Greta J. Russell			Registration Nur	mber, if P	AC
Street Address 674 Bellamy Place	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43213	0 6 1 0	0 5	Amount 100
Full Name of Contributor Adam Flatto			Registration Nu	mber, if P	AC
Street Address 136 East 64th Street, Apt. #8-E	Employer/Occu	pation/Labor Organization*		***	Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y	Amount
New York	NY	10021	0 6 1 0	0 5	2,000
Full Name of Contributor Central Ohio Realtors PAC			Registration Nu	mber, it P	AC
Street Address 2700 Airport Drive	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43219	0 6 1 0	0 5	Amount 1,000
Full Name of Contributor Call & Post (refund)		· · · · · · · · · · · · · · · · · · ·	Registration Nur	mber, if P	AC
Street Address	Employer/Occu	pation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
11800 Shaker Blvd.			· · · · · · · · · · · · · · · · · · ·		check
City Cleveland	State OH	Zip Code 44120	0 ^M 8 1 0	0 5	Amount 875.22
Full Name of Contributor Columbus/Central Ohio Building PA	С		Registration Nu	mber, if P	AC
Street Address 555 East Rich Street, #217		pation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	0 8 1 0	0 5	Amount 500
Columbus Full Name of Contributor	ОН	43215	Registration Nu		
Rosetta Hayes				. ,	
Street Address 1418 Brice Road	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	0 8 1 D	o ^Y 5	Amount 100
Full Name of Contributor Thomas M. Isaacs			Registration Nu		AC
Street Address	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
1197 Three Forks Drive South	-0.1	77 0.1		1 1/	check Amount
City Westerville	State OH	Zip Code 43081	0 8 1 0	0 6	100
Full Name of Contributor Dale Bridges			Registration Nu	mber, if P.	AC .
Dale Bridges Street Address 2272 Somersworth Dr City Columbus	Employer/Occu	pation/Labor Organization*			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code	0810	000	Amount

Page Total 4,775.22

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Name of Committee in Full				
Full Name of Contributor Democracy For America			Registration Number, if #C00370007	PAC
Street Address P.O. Box 8313	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Burlington	State VT	Zip Code 05402	0 9 2 3 0 5	Amount 1,000
Full Name of Contributor Martuerite H. Turnbuil			Registration Number, if	PAC
Street Address 4590 Knightsbridge Blvd. Apt. 301	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	0 9 2 3 0 5	Amount 35
Full Name of Contributor Martha McFerran			Registration Number, if	PAC
Street Address 43 Fallis Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43214	0 9 2 3 0 5	Amount 20
Full Name of Contributor Dolly G. Newhouse			Registration Number, if	PAC
Street Address 2674 Henthorne Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	0 9 2 3 0 5	Amount 25
Full Name of Contributor James C. Willams			Registration Number, if	PAC
Street Address 406 Thurber Drive W. Apt. 11	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 2 3 0 5	Amount 50
Full Name of Contributor Joan M. Crawford			Registration Number, if	PAC
Street Address 33 Glencoe Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	0 9 2 3 0 5	Amount 100
Full Name of Contributor George A. Skestos			Registration Number, if	PAC
Street Address 2700 E. Dublin-Granville Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43231	0 9 2 3 0 5	Amount 1,000
Full Name of Contributor Columbus/Central Ohio Building PA	4C		Registration Number, if LAI21	
Street Address 555 E. Rich Street #217		pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 2 3 0 5	Amount 1,000

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Page Total \$0.00

Name of Committee in Full				
Full Name of Contributor Casto Realty Investments LTD			Registration Number, if F	PAC
Street Address 191 W. Nationwide Blvd. Suite 200	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 42315	0 9 2 3 0 5	Amount 500
Full Name of Contributor Casto Family Funding			Registration Number, if F	PAC
Street Address 191 W. Nationwide Blvd. Suite 200	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	0 9 2 3 0 5	Amount 500
Full Name of Contributor Karen Mughan			Registration Number, if F	AC
Street Address 1340 Highland street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43201	0 9 2 3 0 5	Amount 30
Full Name of Contributor Susan E. Weaver			Registration Number, if F	PAC
Street Address 5752 Duddingston Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	0 9 2 3 0 5	Amount 50
Full Name of Contributor Jerry Hammond And Associates			Registration Number, if F	PAC
Street Address 137 E. State Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 2 3 0 5	Amount 150
Full Name of Contributor Kilroy For County Commissioner			Registration Number, if F	AC
Street Address 3886 N. High Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43214	1 0 1 3 0 5	Amount 2,500
Full Name of Contributor Shellee Fisher Davis			Registration Number, if F	AC
Street Address 8349 Breckenridge Way	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43235	1 0 1 3 0 5	Amount 50
Full Name of Contributor Ted W. Lemmon			Registration Number, if I	
Street Address 7833 Country Brook Lane	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	1 0 1 3 0 5	Amount 2,500

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Name of Committee in Full				
Full Name of Contributor Andrew E. Showe			Registration Number, if	PAC
Street Address 45 N. 4th Street, Suite 200	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 42315	1 0 1 3 0 5	Amount 125
Full Name of Contributor Columbus Apartment Association			Registration Number, if #OH146	PAC
Street Address 1225 Dublin Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 1 3 0 5	Amount 1,000
Full Name of Contributor Robert M. Bernard	·		Registration Number, if	PAC
Street Address 3387 Shattuck Ave.	Employer/Occu	pation/Labor Organization*	•	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	1 0 1 3 0 5	Amount 50
Full Name of Contributor Ohio & Vicinity Regional Council			Registration Number, if	
Street Address 1394 Courtright Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43227	1 0 1 3 0 5	Amount 500
Full Name of Contributor Carpenters Local Union #200			Registration Number, if	
Street Address 1545 Alum Creek Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43209	$\begin{bmatrix} 1 \\ 0 \end{bmatrix} \begin{bmatrix} 1 \\ 3 \end{bmatrix} \begin{bmatrix} 0 \\ 5 \end{bmatrix} \begin{bmatrix} 1 \\ 0 \end{bmatrix} \begin{bmatrix} 1 $	
Full Name of Contributor Mark K. Milligan			Registration Number, if	
Street Address P.O. Box 12333	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	1 0 1 3 0 5	
Full Name of Contributor James P. Joyce			Registration Number, if	
Street Address 1335 Dublin Road, Suite 100B	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 0 1 3 0 5	
Full Name of Contributor			Registration Number, if	
Street Address		pation/Labor Organization		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Page Total

Name of Committee in Full				
Full Name of Contributor A. R. Hutchins & Associates LTD			Registration Number, if	PAC
Street Address 17 South High Street, Suite 500	Employer/Occu Attorne	pation/Labor Organization*		Form (Cash, Check, etc.)
Columbus	State OH	Zip Code 4321	1 0 1 5 0 5	Amount 250
Full Name of Contributor Columbus Firefighters Union PAC			Registration Number, if LA 839	PAC
Street Address 1380 Dublin Road, Suite 103	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)
Columbus	State OH	Zip Code 43215	1 0 1 5 0 5	Amount 1,500
Full Name of Contributor Ronald A. Pizzuti			Registration Number, if	PAC
Street Address Two Miranova Place, Suite 800	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
Columbus	State OH	Zip Code 43215	1 0 1 5 0 5	Amount 1,500
Full Name of Contributor Jerry Hammond And Associates			Registration Number, if	PAC
Street Address 88 E. Broad Street, Suite 1770	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 0 1 5 0 5	Amount 150
Full Name of Contributor Nationwide Better Citizenship Fund	d		Registration Number, if	PAC
Street Address One Nationwide Plaza	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH,	Zip Code 43215	1 0 1 5 0 5	Amount 500
Full Name of Contributor I.B.E.W C.O.P.E.			Registration Number, if	PAC
Street Address 900 Seventh Street NW	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City WashIngton	State DC	Zip Code 20001	1 0 2 5 0 5	
Full Name of Contributor Huntington Bancshares Inc. PAC			Registration Number, if CO0165589	
Street Address 41 South High Street		pation/Labor Organization*		Form (Cash, Check, etc.) Check
Columbus	State OH	Zip Code	1 0 2 5 0 5	Amount 1,000
Full Name of Contributor S. Robert Davis			Registration Number, if i	
Street Address 104 Browning Ct.		pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	Amount 2,500

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Name of Committee in Full				
Full Name of Contributor Columbus Sheet Metal Workers	PAC		Registration Number, if OH1053	PAC
Street Address 3035 Lamb Ave.		pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43219	1 0 2 5 0 5	
Full Name of Contributor John P. Brinkman			Registration Number, if	PAC
Street Address 666 Broadsworth Ct.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	1 M 2 5 0 5	
Full Name of Contributor W.J. Young			Registration Number, if	PAC
Street Address 1763 E. Wittenberg Blvd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Springfield	Stake OH	Zip Code 45506	1 0 2 5 0 5	
Full Name of Contributor William P. Demora			Registration Number, if	PAC
Street Address 100 Warren Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 50
Full Name of Contributor Timothy D. Kelton			Registration Number, if	PAC
Street Address 8210 Avondale Ridge Ct.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	Amount 250
Full Name of Contributor John P. Wilkerson, Jr.			Registration Number, if	
Street Address 7804 Brandonway Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	
Full Name of Contributor Marilee Chinnici-Zuercher			Registration Number, if	
Street Address 6043 Glenbarr Place	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43017	1 0 2 5 0 5	
Full Name of Contributor Janet Grubb	· · · · · · · · · · · · · · · · · · ·		Registration Number, if	
Street Address 4062 Georgesville Road	Employer/Occo	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH	Zip Code 43123	1 0 2 5 0	Amount 50

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Page Total

Name of Committee in Full				
Full Name of Contributor Frank J. Cipriano			Registration Number, if P.	AC
Street Address 39 E. Whittier Street	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	Stake OH	Zip Code 43206	1 0 2 5 0 5	Amount 500
Full Name of Contributor Friends For Thomas			Registration Number, if P.	AC
Street Address 250 West Street, Suite 700	Employer/Occup	nation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 500
Full Name of Contributor United Steelworkers of America			Registration Number, if P. LA 766	AC
Street Address 777 Dearbourne Park Lane, Suite J	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43065	1 0 2 5 0 5	Amount 300
Full Name of Contributor Lee M. Smith			Registration Number, if P	
Street Address 929 Harrison Ave., Suite 300	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 500
Full Name of Contributor Murray Murphy Moul + Basil LLP			Registration Number, if P	AC
Street Address 326 South High Street, Suite 400	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 1,000
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP			Registration Number, if P	
Street Address 250 East Broad street	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 250
Full Name of Contributor M/I Homes PAC			Registration Number, if P	
Street Address 3 Easton Oval, Suite 500	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	1 0 2 5 0 5	Amount 1,500
Full Name of Contributor Ohio AFSCME Political			Registration Number, if F PCE 6089	
Street Address 6805 Oak Creek Drive	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43229	1 0 2 5 0 5	Amount 500

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Name of Committee in Full				
Full Name of Contributor, RED FERN 2006			Registration Number, if PA	.C
Street Address 3750 Rober Drive	Employer/Occupation	on/Labor Organization*		Form (Cash, Check, etc.)
city Port Clinton	State OH	Zip Code 43452	102505	Amount 100
Full Name of Contributor James W. Osborn			Registration Number, if PA	NC
Street Address 642 Dark Star Ave		on/Labor Organization*		Form (Cash, Check, etc.)
city Gahanha	State OH	Zip Gode	M 0 2 5 0 5	Amount
Full Name of Contributor William H. Chavanne			Registration Number, if PA	
Street Address 1209 Westwood Ave	Employer/Occupation	on/Labor Organization*		Form (Cash, Check, etc.)
Columbus	State OH	Zip Code 43 212	102505	Amount 200
Full Name of Contributor Abigail 5. Wexner			Registration Number, if PA	AC
Street Address	Employer/Occupation	on/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M 0 2 5 0 5	Amount
Full Name of Contributor Donna A. James			Registration Number, if PA	VC
Street Address ONE Miranova PL.		on/Labor Organization*		Form (Cash, Check, etc.)
city Columbus	State OH	Zip Code +3215	MO 25 8 5	
Full Name of Contributor Mental For City Coun	cil		Registration Number, if PA	
Street Address 3886 N. High Street	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)
Columbus	State OH	2ip Code 43214	Moasos	S, 000
Full Name of Contributor Build Pac & Central	ohio		Registration Number, if PA	
Street Address + 195 Executive Campus Dr.	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)
City Westerville	State OH	Zip Code 43082	MO 25 05	1,7300
Full Name of Contributor D100K5 For Commis	Sioner		Registration Number, if Pa	AC
Street Address 709 G My High Street	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
Columbus	State OH	Zip Code 43214	M D Y Y S	Amount 2,500

Page Total

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Name of Committee in Full				
Full Name of Contributor MC(1) 104610 A. M(1) 1.40m	.<		Registration Number, if Pa	AC
Street Address GI71 Lynanne Court City Columbys Full Name of Contributor	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)
Columbus	Stake OH	Zip Code 43231	10 \$ 50 S	Amount 200
Full Name of Contributor ERIC Carmichael	' ·		Registration Number, if P.	AC
Street Address 1299 Brook wood Place	Employer/Occupati	on/Labor Organization*		Form (Cash, Check, etc.)
Full Name of Contributor ERIC Carmichael Street Address 1299 Brook wood Place City Ci	State OH	Zip Code 43 209	MO19505	0,1
Robert Hutchins			Registration Number, if P.	
Street Address 411 E Town St		ion/Labor Organization*		Form (Cash, Check, etc.)
Street Address 411 E Town St City Columbus	State OH	Zip Code 43215	Mo1808	
Full Name of Contributor			Registration Number, if P.	
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if P	AC
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if P	AC
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if P	
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor			Registration Number, if P	AC
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	MDY	Amount

Page Total 650,00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

	Event Date March 30, 2005
ntributions Received	Page

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Co	ouncil Committe	ee	
Full Name of Contributor			Registration Number, if PAC
Calfee, Halter/Green			FEC #C00351635
Street Address 800 Superior Avenue, Suite 1400	Employer/Occupa	ation/Labor Organization*	0 4 3 0 0 5 Amount 150.00
City Cleveland	Sta te OH	Zip Code 44114	Form (Cash, Check, etc.) Check
Full Name of Contributor	J OI I	, , , , ,	Registration Number, if PAC
Thomas C. Green			The state of the s
Street Address	Employer/Occups	ation/Labor Organization*	M D Y Amount
21 E. State Street			0 4 3 0 0 5 150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Michael A. Maria			Registration Number, if PAC
Street Address 432 fairlawn Drive	Employer/Occupa	ation/Labor Organization*	0 4 3 0 0 5 Amount 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	check
Full Name of Contributor Donald B. Shackelford			Registration Number, if PAC
Street Address 21 E. State Street	Employer/Occupa	ation/Labor Organization*	M D Y Amount 5,000.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Gayle Saunders			Registration Number, if PAC
Street Address 2788 Floribunda Drive	Employer/Occupa	ation/Labor Organization*	0 4 3 0 0 5 Amount 100.00
^{City} Columbus	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Ty D. Marsh			Registration Number, if PAC
Street Address 190 Rustic Place	Employer/Occupa	ation/Labor Organization*	0 4 3 0 0 5 Amount 150.00
^{City} Columbus	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Stewart Smith			Registration Number, if PAC
Street Address 1638 Minturn Drive		ation/Labor Organization*	0 4 3 0 0 5 Amount 150.00
^{City} New Albany	Sta te OH	Zip Code 43054	Form (Cash, Check, etc.) Check

Fill in the boxes below only on the last page for this event.

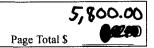
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contri	butions	this	event	
-------	--------	---------	------	-------	--

\$0.00

Total expenditures this event.

\$0.00



^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event	Date April 6, 2005
Page	

Page Total \$

Prescribed by Secretary of State 03/05

SV			
Name of Committee in Full Kevin L. Boyce For Columbus City	Council Committe	20	
Full Name of Contributor	Council Committee		Registration Number, if PAC
Elizabeth M. Stanton			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
1937 Beverly Road		·	0 4 3 0 0 5 50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor			Registration Number, if PAC
Bobby Singh			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount 50.00
7042 Cunningham Drive		13: 0	0 4 3 0 0 5 50.00 Form (Cash, Check, etc.)
City	Stal te OH	Zip Code 43054	check
New Albany Full Name of Contributor	Un	43034	Registration Number, if PAC
Connor & Behal			Teganian Tumber, 1997
Street Address	Employer/Occups	ation/Labor Organization*	M D Y Amount
501 South High Street	Employer/Occupa	attoti Daoor Organization	0 4 3 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
			Registration Number, if PAC
Full Name of Contributor			Registration Number, it the
Street Address	E1(Occurs	ation/Labor Organization*	M D Y Amount
Street Address	Employer/Occup	atton/Labor Organization	
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Stal te	Zip Code	Form (Cash, Check, etc.)
			D. C. N. L. GDAG
Full Name of Contributor			Registration Number, if PAC
G A 11	le : //		M D Y Amount
Street Address	Employer/Occup	ation/Labor Organization*	
C:t-	Sta te	Zip Code	Form (Cash, Check, etc.)
City	5.41	F	
* Required for contributions from individuals over \$100 t	o statewide and General As	sembly candidates. If contribu	utor is self-employed, the occupation and the name o

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
\$0.00	\$0.00

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event	Date	April 12, 200	5
Page			

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Kevin L. Boyce For Columbus City Cou	ncii Committ	ee	
Full Name of Contributor			Registration Number, if PAC
Michael J. DeAscentis			
Street Address	Employer/Occup	eation/Labor Organization*	M D Y Amount
P.O. Box 563			0 4 3 0 0 5 500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
New Albany	OH	43054	check
Full Name of Contributor			Registration Number, if PAC
Robert E. Yoakam, Jr.			
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
6345 Taggart Road			0 4 3 0 0 5 500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Delaware	OH	43015	check
Full Name of Contributor			Registration Number, if PAC
Timothy R. Foley			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
635 Brookedge Blvd.		•	0 4 3 0 0 5 500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor			Registration Number, if PAC
Silver Drive Partners			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
150 E. Broad Street			0 4 3 0 0 5 500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
M/I Homes PAC			CP 1203
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
3 Easton Oval, Suite 500	2		0 4 3 0 0 5 500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
	Employen coup	and Dated Signature	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
		•	
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
	Employer/Occup	attor Labor Organization	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
-chy		1	
+ D	uide and Coneral As	seambly candidates. If contribu	itor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contributions	this	event	

\$0.00

Total expenditures this event.

\$0.00

2,500.00 Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	May 19, 2005	_
Page		

Prescribed by Secretary of State 03/0

	<u> </u>		
Name of Committee in Full Kovin L. Bovco For Columbus City (`ouncil Committe		
Kevin L. Boyce For Columbus City C	Journal Committ		Registration Number, if PAC
Robert J. Weiler, Jr.			
Street Address	Employer/Occum	ation/Labor Organization*	M D Y Amount
41 South High Street, Suite 200	1.3.234	~	0 4 3 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Michael McCord		7. 1. A	M D Y Amount
Street Address	Employer/Occup	ation/Labor Organization*	0 6 1 0 0 5 100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH		cash
Full Name of Contributor			Registration Number, if PAC
Janelle N. Simmons			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2686 Bloom Drive		7:01	0 6 1 0 0 5 100.00
Columbus	State	Zip Code 43219	Form (Cash, Check, etc.) Check
Columbus	ОН	43619	Registration Number, if PAC
Full Name of Contributor Yvette Austin-Palmer			ingionation randon, if I rec
Street Address	Fmnlover/Occurs	pation/Labor Organization*	M D Y Amount
5723 Willowcreek Cir	Employer/Occup		0 6 1 0 0 5 200.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43213	check
Full Name of Contributor David Wiles			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
7615 Sarah Lee		<u> </u>	0 6 1 0 0 5 250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Concord Township	OH	44077	check
Full Name of Contributor Christie Angel			Registration Number, if PAC
Street Address 600 South Grant Ave.	Employer/Occup	oation/Labor Organization*	0 6 1 0 0 5 Amount 100.00
City Columbus	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Derrick Clay		1	Registration Number, if PAC
Street Address 7717 Early Meadows Road	Employer/Occup	pation/Labor Organization*	0 6 1 0 0 5 Amount 100.00
City Westerville	Sta te OH	Zip Code 43082	Form (Cash, Check, etc.) Check
	-t-t1		utor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contributions	this	event

\$0.00

Total expenditures this event.

\$0.00

950.00 Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	May 19, 2005	
Page	<u> </u>	

Prescribed by Secretary of State 03/0

Name of Committee in Full	ouncil Committe	00	
Kevin L. Boyce For Columbus City C	ourich Committe		Registration Number, if PAC
Full Name of Contributor Rachel M. Milella			Registration Number, II FAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
413 Reinhard Ave.	Employer/Occup	atton/Laoor Organization	0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor			Registration Number, if PAC
Edwin B. Hogan			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
2727 Mitzi Drive	a: I:	Ta: 0.1	0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus Full Name of Contributor	OH	43209	Cash Registration Number, if PAC
Jeffery D. Porter			Registration Number, it IAC
Street Address	E-playor/Occup	ation/Labor Organization*	M D Y Amount
2584 Breanna Place	Employer/Occup	anon Labor Organization	0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Takeysha M. Sheppard			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2637 Quarry Valley Road			0 6 1 0 0 5 100.00
Calmada	Sta te	Zip Code	Form (Cash, Check, etc.) Check
Columbus Full Name of Contributor	OH	43204	Registration Number, if PAC
Jayme Patrica Moore			Registration Number, 11 AC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1632 Bryden Road	Employen Goodp	anon Davor Grganization	0 6 1 0 0 5 100.00
City	Starte	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43205	check
Full Name of Contributor			Registration Number, if PAC
Marcus A. Ross			
Street Address 4468 Keeler Drive	Employer/Occup	ation/Labor Organization*	0 6 1 0 0 5 Amount 100.00
	Cala	Zip Code	Form (Cash, Check, etc.)
City Columbus	Stal te OH	43227	check
Full Name of Contributor			Registration Number, if PAC
Connie Klema			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
P.O. Box 991			0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

	Total contributions this event
ĺ	\$0.00

Total expenditures this event.

\$0.00

700.00 Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	May 19, 2005	
Page		

Prescribed by Secretary of State 03/05

Name of Committee in Full	ty Council Committee		
Kevin L. Boyce For Columbus Ci	ty Council Committee		Registration Number, if PAC
Full Name of Contributor Lauire C. McEnery			Registration Number, 117AC
Street Address	Employer/Occupation/Labor Orga	nization*	M D Y Amount
397 Pingree Drive	Zimpioyen/Occupation/Dation Organ	inzation	0 6 1 0 0 5 100.00
City	State Zip Code		Form (Cash, Check, etc.)
Worthington	OH 43085		check
Full Name of Contributor			Registration Number, if PAC
Bricker & Eckler PAC			PAC #OH 821
Street Address	Employer/Occupation/Labor Orga	nization*	M D Y Amount
100 Third Street			0 6 1 0 0 5 500.00
City	State Zip Code		Form (Cash, Check, etc.)
Columbus	OH 43215		cash
Full Name of Contributor			Registration Number, if PAC
Nationwide Better Citizens Fund			M N N Amount
Street Address	Employer/Occupation/Labor Orga	nization*	M D Y Amount 0 6 1 0 0 5 1,000.00
One Nationwide Plaza	State Zip Code		Form (Cash, Check, etc.)
^{City} Columbus	OH 43215		check
Full Name of Contributor	011 43213		Registration Number, if PAC
Robert Hutchins			
Street Address	Employer/Occupation/Labor Orga	nization*	M D Y Amount
411 E. Town Street	Attorney		0 6 1 0 0 5 100.00
City	State Zip Code		Form (Cash, Check, etc.)
Columbus	OH 43215		check
Full Name of Contributor			Registration Number, if PAC
Wiles Boyle Burkholder & Bringardne	er <u></u>		
Street Address	Employer/Occupation/Labor Orga	nization*	0 6 1 0 0 5 500.00
115 West Main Street			0 0 1 0 0
Columbus	Starte Zip Code OH 43215		Form (Cash, Check, etc.) Check
Columbus	OH 43213		
Full Name of Contributor Dawn R. Tyler			Registration Number, if PAC
-			M D Y Amount
Street Address 2574 Dover Road	Employer/Occupation/Labor Orga	nization*	0 6 1 0 0 5 200.00
City	State Zip Code		Form (Cash, Check, etc.)
Columbus	OH 43209		check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Orga	nization*	M D Y Amount
City	State Zip Code	****	Form (Cash, Check, etc.)
+ D	20 to state wide and Company Aggerably gandid	otes If contribu	itor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

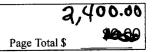
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contribi	utions	this	event

\$0.00

Total expenditures this event.

\$0.00



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Event Date May 19, 2005	
Page	

Prescribed by Secretary of State 03/0

Name of Committee in Full Kevin L. Boyce For Columbus C	ity Council Committe	ee	
Full Name of Contributor	ity Country Committee		Registration Number, if PAC
Eric Carmichael			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1299 Brookwood Place		_	0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	check
Full Name of Contributor Oyango A. Snell			Registration Number, if PAC
Street Address	E1/O	ation/Labor Organization*	M D Y Amount
1681 Carstare Drive	Employer/Occup	ation/Labor Organization	0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43227	cash
Full Name of Contributor			Registration Number, if PAC
Amy E. Greer			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
254 Buttles Ave. Apt. 2			0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	check
Full Name of Contributor			Registration Number, if PAC
Laurel A. Beatty Street Address	T=		M D Y Amount
268 E. Gates Street	Employer/Occup	ation/Labor Organization*	0 6 1 0 0 5 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor Mysheika R. Lemaile-Williams			Registration Number, if PAC
Street Address 324 Hanford Street	Employer/Occup	ation/Labor Organization*	0 6 1 0 0 5 Amount 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43206	check
Full Name of Contributor Anthony Jay Dascenzo			Registration Number, if PAC
Street Address 1012 Hunter Ave.	Employer/Occup	ation/Labor Organization*	0 6 1 0 0 5 Amount 100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Čolumbus	OH	43201	check
Full Name of Contributor Judith T. Politi			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1077 Bruck Street			0 6 1 0 0 5 100.00
Columbus	State	Zip Code 43206	Form (Cash, Check, etc.) Check
Columbus	OH		tor is self employed the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions this e	vent
\$0.00	

Total expenditures this event.

1	
\$0.	.00

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Event Date	July 27, 2005	
Page		

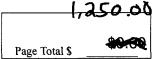
Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC
Street Address 1088 Fountain Lane, Apt. F.	Employer/Occupation/Labor Organization*		M D Y Amount 100 8 1 0 0 5 100
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check
Full Name of Contributor Stephen J. Habash	<u> </u>		Registration Number, if PAC
Street Address 4851 Inisheer Court		ation/Labor Organization*	M D Y Amount 100 8 1 0 0 5 100
City Dublin	Sta te OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Laurence G. Ruben			Registration Number, if PAC
Street Address 140 South Columbia Ave.		ation/Labor Organization*	0 8 1 0 0 5 Amount 100
City Bexley	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor Friends of Peter Lawson Jones			Registration Number, if PAC
Street Address 21750 Shaker Boulevard		ation/Labor Organization*	0 8 1 0 0 5 Amount 250
City Shaker Heights Full Name of Contributor	Stal te OH	Zip Code 44122	Form (Cash, Check, etc.) Check
Ohio & Vicinity Regional Council PAC			Registration Number, if PAC M D Y Amount
Street Address 1394 Courtright Road	Employer/Occup	ation/Labor Organization*	M 8 1 0 0 5 Amount 500
City Columbus Full Name of Contributor	OH	Zip Code 43227	check Registration Number, if PAC
Michael S. Schiff Street Address			M D Y Amount
400 South Parkview Avenue	Employer/Occup Stal te	ation/Labor Organization* Zip Code	0 8 1 0 0 5 100 Form (Cash, Check, etc.)
City Columbus Ent Name of Contributor	OH	43209	check Registration Number, if PAC
Full Name of Contributor Gregory B. Comfort			
Street Address 2275 Onandaga Drive		ation/Labor Organization*	M D O S Amount 100 Form (Cash, Check, etc.)
City Columbus	Stal te OH	Zip Code 43221	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
\$0.00	\$0.00



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Event Date_July 27, 2005	_
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor David P. Lauer			Registration Number, if PAC
Street Address 5386 Dunniker Park Drive	Employer/Occupation/Labor Organization*		0 8 1 0 0 5 Amount 100
^{City} Dublin	Sta te OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Albert S. Hall			Registration Number, if PAC
Street Address 322 Vine Lane	. , .	ation/Labor Organization*	0 8 1 0 0 5 100
City West Amherst	Sta te	Zip Code 14228	Form (Cash, Check, etc.) Check
Full Name of Contributor Rob Crane			Registration Number, if PAC
Street Address 5600 Dublin road	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 5 100
City Dublin	Sta te OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Christie Angel			Registration Number, if PAC
Street Address 600 S. Grant Ave.	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 8 1 0 0 5 100
^{City} Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Donald T. Plank			Registration Number, if PAC
Street Address 685 City Park Ave.	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 5 Amount 250
^{City} Columbus	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Penny Tipps			Registration Number, if PAC
Street Address 6641 Sunbury Road	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 5 Amount 150
^{City} Westerville	Stal te OH	Zip Code 43082	Form (Cash, Check, etc.) Check
Full Name of Contributor Atiba W.S. Jones			Registration Number, if PAC
Street Address 765 Conestoga Drive	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 Amount 100
City Columbus * Required for contributions from individuals over \$18	State OH	Zip Code 43213	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event

in the date column		
Total contributions this event	Total expenditures this event.	
0.00	0.00	~

0.00

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date July 27, 2005	
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor Paul H. Coleman			Registration Number, if PAC
Street Address 1299 Haddon Road	Employer/Occupation/Labor Organization*		0 8 1 0 0 5 Amount 100
^{City} Columbus	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor Richard C. Pfriffer			Registration Number, if PAC
Street Address 238 East Royal Forest Blvd.		ation/Labor Organization*	0 8 1 0 0 5 Amount 200
City Columbus	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor William B. Conner			Registration Number, if PAC
Street Address 465 South Parkview Ave. Apt. 23		ation/Labor Organization*	0 8 1 0 0 5 Amount 100
City Bexley	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Chauncey A. Cochran			Registration Number, if PAC
Street Address 14 East Gay Suite 400		ation/Labor Organization*	0 8 1 0 0 5 100
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) check
Full Name of Contributor A. Michael Schwarzwalder			Registration Number, if PAC
Street Address 357 W. Hubbard Ave,		ation/Labor Organization*	M 8 1 0 0 5 Amount 100
City Columbus Full Name of Contributor	Stal te OH	Zip Code 43215	check
Manoj Sethi			Registration Number, if PAC M D Y Amount
Street Address 7674 Johntimm Court	Employer/Occup	ation/Labor Organization* Zip Code	0 8 1 0 0 5 100 Form (Cash, Check, etc.)
City Dublin Full Name of Contributor	OH	43017	Check Registration Number, if PAC
J. Jeffrey McNealey Street Address	E	ation/Labor Organization*	M D Y Amount
41 South High Street, 30th Floor	Sta te	ation/Labor Organization* Zip Code	0 8 1 0 0 5 50 Form (Cash, Check, etc.)
City Columbus	OH	43215	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.	
0.00	0.00	
		Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Thomas L. Kaplan			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
207 East deshler Ave.			0 8 1 0 0 5 150
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor			Registration Number, if PAC
Connie Klema			No. 10 V. Amount
Street Address	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 5 100
P.O. Box 991	Stalta	Zip Code	Form (Cash, Check, etc.)
City	Stal te OH	43062	check
Pataskala Full Name of Contributor	011	43002	Registration Number, if PAC
Don H. Brown			,
Street Address	Employer/Occum	ation/Labor Organization*	M D Y Amount
3921 Lytham Court	Zimproyen occup		0 8 1 0 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Upper Arlington	OH	43220	check
Full Name of Contributor			Registration Number, if PAC
David F. Pritchard			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1351 West First Ave.			0 8 1 0 0 5 200
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check Registration Number, if PAC
Full Name of Contributor The Hunington Bancshares Inc. PAC			C00165589
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 0 8 1 0 0 5 500
41 South High Street			
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
George J. Kontogiannis			
Street Address	Employer/Occur	oation/Labor Organization*	M D Y Amount
400 South Fifth Street		Ü	0 8 1 0 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Daniel M. Slane			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
261 W. Johnstown road	, ,	-	0 8 1 0 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43230	check
* Required for contributions from individuals over \$1	00 to statewide and General As	ssembly candidates. If contribu	utor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

0.00

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

in the date column		
Total contributions this event	Total expenditures this event.	

0.00

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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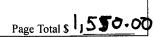
Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Vorys Sater Seymour and Pease	- I		M D Y Amount
Street Address 52 East Gay Street	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 5 200
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Manoj Sethi			
Street Address 7674 Johntimm Court	Employer/Occup	ation/Labor Organization*	0 8 1 0 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	check
Full Name of Contributor Kevin M. Bainter			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2092 Wagon Trail Drive			0 8 1 0 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Reynoldsburg	OH	43068	check
Full Name of Contributor			Registration Number, if PAC
A. James Siebert, III			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1040 Bluesail Drive	G. L.	7: 0.1	0 8 1 0 0 5 250 Form (Cash, Check, etc.)
City	Sta te	Zip Code 43081	check
Westerville Full Name of Contributor	OH	43081	Registration Number, if PAC
David E. Cutlip			
Street Address 399 Lakeshore Drive West	Employer/Occup	oation/Labor Organization*	0 8 1 0 0 5 Amount 250
^{City} Hebron	Stal te OH	Zip Code 43025	Form (Cash, Check, etc.) Check
Full Name of Contributor Mark Corna		•	Registration Number, if PAC
Street Address 10153 Chelton Wood	Employer/Occup	oation/Labor Organization*	0 8 1 0 0 5 Amount 250
City Powell	Stal te OH	Zip Code 43065	Form (Cash, Check, etc.)
Full Name of Contributor Robert N. Shamansky	<u> </u>		Registration Number, if PAC
Street Address 88 East Broad Street, Suite 900	Employer/Occup	oation/Labor Organization*	0 8 1 0 0 5 Amount 100
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
* Required for contributions from individuals over \$100 to	statewide and General As	ssembly candidates. If contribu	utor is self-employed, the occupation and the name of

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Total contributions this event	Total expenditures this event.		
0.00	0.00		



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Event Date July 27, 2005
Page

Name of Committee in Full			
Full Name of Contributor Hamilton J. Teaford			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
91 E. Deshler Ave.			0 8 1 0 0 5 100
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Larry J. Hotchkiss			
Street Address 1241 Dublin Road		ation/Labor Organization*	0 8 1 0 0 5 Amount 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus Full Name of Contributor	OH	43215	check
Robert J. Weiler, Jr.			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
41 South High Street, Suite 2200			0 8 1 0 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Columbus firefighters Union PAC	THE COLUMN TWO IS NOT		LA 839
Street Address 1380 Dublin Road	Employer/Occupa	ation/Labor Organization*	0 8 1 0 0 5 Amount 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Mark A. Wagenbrenner			Registration Number, if PAC
Street Address 1289 Grandview Ave.	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 Amount 200
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check
Full Name of Contributor	OH	43212	
Build PAC Of Central Ohio			Registration Number, if PAC
Street Address 495 Executive Campus Drive	Employer/Occupa	ation/Labor Organization*	1 0 1 3 0 5 Amount 200
^{City} Westerville	Sta te OH	Zip Code 43082	Form (Cash, Check, etc.) Check
Full Name of Contributor	1	1	Registration Number, if PAC
Street Address			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)

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in the date column	
Total contributions this event	Total expenditures this event.
0.00	0.00

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Page Total \$ 485.00

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor Warren Tyler			Registration Number, if PAC
Street Address 3409 River Seine Street	Employer/Occup	vation/Labor Organization*	M D Y Amount 150
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Steven M. Shellabarger			Registration Number, if PAC
Street Address 948 Neil Ave.		ation/Labor Organization*	0 9 2 3 0 5 50
City Columbus	Sta te OH	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor Amy Corna			Registration Number, if PAC
Street Address 7533 Storrington Place	Employer/Occup	ation/Labor Organization*	0 9 2 3 0 5 100
City Lewis Center	Sta te OH	Zip Code 43035	Form (Cash, Check, etc.) Check
Full Name of Contributor James P. Negron			Registration Number, if PAC
Street Address 6498 Glass Drive	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 9 2 3 0 5 100
^{City} Westerville	Stal te OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name of Contributor William C. Habig			Registration Number, if PAC
Street Address 629 Jaeger Street	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 35
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Mike Mitchell			Registration Number, if PAC
Street Address 114 1/2 Parsons	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 Amount 35
City Columbus	OH State	Zip Code 43215	Form (Cash, Check, etc.) Cash
Full Name of Contributor Jo Ann St. Clair			Registration Number, if PAC
Street Address 209 Olentangy Street	Employer/Occupa	ntion/Labor Organization*	0 9 2 3 0 5 Amount 15
^{City} Columbus	Stal te OH	Zip Code 43202	Form (Cash, Check, etc.) cash

Fill in the boxes below only on the last page for this event.

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Total contributions this event	Total expenditures this event.	
0.00	0.00	

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Event Date	August 24, 2005
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Name of Committee in Full					
Full Name of Contributor Gretchen D. James			Registration Number, if PAC		
Street Address 9 Buttles Ave. Apt. 340	Employer/Occupation/Labor Organization*		M D Y Amount 0 9 2 3 0 5 25		
^{City} Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Charlotte B. Hickcox			Registration Number, if PAC		
Street Address 1595 Roxbury Road, Apt. J	Employer/Occupation/Labor Organization*		M D Y Amount 0 9 2 3 0 5 25		
^{City} Columbus	Sta te OH	Zip Code 43212	Form (Cash, Check, etc.) check		
Full Name of Contributor Bill R. Hedrick			Registration Number, if PAC		
Street Address 838 Thurber Drive West	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 35		
^{City} Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) check		
Full Name of Contributor Barbara Poppe	Registration Number, if PAC				
Street Address 340 Clinton Heights Ave.	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 35		
City Columbus	Stal te OH	Zip Code 43202	Form (Cash, Check, etc.) Check		
Full Name of Contributor Ira B. Sully			Registration Number, if PAC		
Street Address 200 Reinhard Ave.	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 50		
City Columbus	OH	Zip Code 43206	Form (Cash, Check, etc.) Check		
Full Name of Contributor Eileen Y. Paley			Registration Number, if PAC		
Street Address 668 Bellamy Place	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 35		
^{City} Columbus	OH State	Zip Code 43213	Form (Cash, Check, etc.) Check		
Full Name of Contributor Betsy Becker	7		Registration Number, if PAC		
Street Address 6346 Angeles Drive		tion/Labor Organization*	0 9 2 3 0 5 Amount 35		
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		

Fill in the boxes below only on the last page for this event.

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Total contributions this event	Total expenditures this event.
0.00	0.00



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		Registi	ration Nu	ımber, i	FPAC
Employer/Occup	nation/Labor Organization*	0 9	^D 2	3 0 !	Amount 40
State Zip Code OH 43206		Form (Cash, Check, etc.) Check)	
		Regist	ration Nu	ımber, i	f PAC
Stal te OH	Zip Code 43215	ched	k		
		Registi	ration Ni	ımber, i	FPAC
Employer/Occup	nation/Labor Organization*	M	D	Y	Amount
Sta te OH	Zip Code	Form (0	Cash, Ch	eck, etc	.)
		Registration Number, if PAC			
Employer/Occup	nation/Labor Organization*	M	D	Y	Amount
State Zip Code OH		Form (Cash, Check, etc.)			
		Registr	ration Nu	ımber, i	f PAC
Employer/Occup	nation/Labor Organization*	M	D	Y	Amount
Sta te OH	Zip Code	Form (0	Cash, Ch	eck, etc	.)
		Registr	ration Nu	ımber, i	f PAC
Employer/Occup	ation/Labor Organization*	M	D	Y	Amount
Stal te OH	Zip Code	Form (0	Cash, Ch	eck, etc)
		Registr	ation Nu	ımber, i	f PAC
Employer/Occup	ation/Labor Organization*	M	D	Y	Amount
State OH	Zip Code	Form (0	Cash, Ch	eck, etc)
	Employer/Occup Stal te OH Employer/Occup Stal te OH Employer/Occup Stal te OH Employer/Occup Stal te OH Employer/Occup	Employer/Occupation/Labor Organization* Stal te Zip Code OH 43215 Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Stal te Zip Code OH Employer/Occupation/Labor Organization* Stal te Zip Code OH Employer/Occupation/Labor Organization* Stal te Zip Code OH Employer/Occupation/Labor Organization* Stal te Zip Code OH Employer/Occupation/Labor Organization* Stal te Zip Code	Employer/Occupation/Labor Organization* Stal te Zip Code Check OH 43206 Check Registre Zip Code Check OH 43215 Check OH 43215 Check Registre Zip Code Form (6 OH A3215 Check Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Stal te Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Employer/Occupation/Labor Organization* M Registre Zip Code Form (6 OH Registre Zip Code Form (7 OH Zip Code Zip Code Time (7 OH Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	Stale Zip Code OH Registration Number, i Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Stale Zip Code OH Registration Number, i Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

in the date column	
Total contributions this event	Total expenditures this event.

0.00

Page Total \$

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	Event Date August 20
Statement of Contributions Received	Page
at a Social or Fund-Raising Event	
_ "	

Event Date_August 26, 2005	
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Prescribed by Secretary of State 03/05

V 60 W F 11						
Name of Committee in Full						
Full Name of Contributor			Registration Number, if PAC			
Michael Flamm						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
359 Jackson Street			0 9 2 3 0 5 100			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	check			
Full Name of Contributor Marialyce Sunami			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
408 Fairwood Ave.			0 9 2 3 0 5 25			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43205	check			
Full Name of Contributor Helen McDaniel			Registration Number, if PAC			
Street Address	- I		M D Y Amount			
419 Derrer Road	Employer/Occup	ation/Labor Organization*	0 9 2 3 0 5 25			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	ОН	43204	check			
Full Name of Contributor	OH 70207		Registration Number, if PAC			
Edward M. Dunlap						
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount			
202 East Como Ave.			0 9 2 3 0 5 25			
City	Starte	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43202	check			
Full Name of Contributor Janet E. Jackson			Registration Number, if PAC			
Street Address 2865 Castlewood Road	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 200			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43209	check			
Full Name of Contributor Central Ohio Realtor PAC			Registration Number, if PAC			
Street Address 2700 Airport Drive	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 Amount 1,000			
^{City} Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount			
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event

in the date column		
Total contributions this event	Total expenditures this event.	
0.00	0.00	1 205

0.00

Page Total \$ 1,375

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Event Date August 27, 2005	-
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		·	
Name of Committee in Full			
Full Name of Contributor Kevin D. Bolding			Registration Number, if PAC
Street Address 3965 Rio Grande Ave.	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 50
City Groveport	Sta te OH	Zip Code 43125	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Anika S. Chandler			
Street Address 1482 Brookforest Drive	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 35
City Columbus	Sta te OH	Zip Code 43204	Form (Cash, Check, etc.) Check
Full Name of Contributor Leonard E. Scott			Registration Number, if PAC
Street Address 2304 Wynds Court	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 50
City Columbus	Stalte OH	Zip Code 43232	Form (Cash, Check, etc.) Check
Full Name of Contributor Michelle 1. Myles			Registration Number, if PAC
Street Address 401 Woodland Ave.	Employer/Occupation/Labor Organization*		M D Y Amount 50
City Columbus	Sta te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor Robyn L. Price		····	Registration Number, if PAC
Street Address 7489 Liberton Place	Employer/Occup	ation/Labor Organization*	0 9 2 3 0 5 Amount 25
City Worthington	Stal te OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Georgetta Lake			Registration Number, if PAC
Street Address 94 N. Ohio Ave.	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 50
Columbus	Stal te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor AK Management Services LLC			Registration Number, if PAC
Street Address 115 Southwind Ct.		ation/Labor Organization*	0 9 2 3 0 Amount 50
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check
* Required for contributions from individuals over \$100 to	statewide and General As	sembly candidates. If contribu	tor is self-employed, the occupation and the name of

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in the date column	
Total contributions this event	Total expenditures this event.

0.00

Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	August 27, 2005
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Name or Committee in Full				
Full Name of Contributor			Registration Number, if PAC	
Deborah Boyce				
Street Address 2748 Eastern Glenn Drive	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 30	
City	State	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43219	check	
Full Name of Contributor	·		Registration Number, if PAC	
Telesha S. Proctor-Isom				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
7666 Rippinggale Street		In a	0 9 2 3 0 5 10	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Blacklick	OH	43004	check	
Full Name of Contributor Karen Roberts			Registration Number, if PAC	
Street Address	- In 1 10		M D Y Amount	
3048 Southfield Drive	Employer/Occup	ation/Labor Organization*	0 9 2 3 0 5 10	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43207	check	
Full Name of Contributor	OH	43201	Registration Number, if PAC	
George Lake			Registration (various, if I'AC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
1193 Manor Drive	Employer/Occup.	atton Labor Organization	0 9 2 3 0 5 50	
City	Starte	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43232	cash	
Full Name of Contributor Phillip Lake	<u> </u>		Registration Number, if PAC	
Street Address 3612 Ringling Lane	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 50	
City	Stal te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43230	cash	
Full Name of Contributor Angela Vancleaf		<u> </u>	Registration Number, if PAC	
Street Address 4327 Grays Market Drive	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 Amount 25	
City Columbus	Stal te OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor		··· ·	Registration Number, if PAC	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.	
0.00	0.00	

Page Total \$	175.00
Page Total \$	

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	September 21, 2005
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor Ty Marsh			Registration Number, if PAC
Street Address 57 Riverview Park Drive	Employer/Occupa	ation/Labor Organization*	M 9 2 3 0 5 Amount 100
^{City} Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Vicki Kaufman	·		Registration Number, if PAC
Street Address 4883 Trumbo Court		ation/Labor Organization*	0 9 2 3 0 5 200
City New Albany	Sta te OH	Zip Code 43054	Form (Cash, Check, etc.)
Full Name of Contributor Dale Abrams	Registration Number, if PAC		
Street Address 960 Bryden Road		ation/Labor Organization*	0 9 2 3 0 5 100
City Columbus	Stal te OH	Zip Code 43205	Form (Cash, Check, etc.) check
Full Name of Contributor Kimberly Perfect			Registration Number, if PAC
Street Address 251 W. Third Street		ation/Labor Organization*	0 9 2 3 0 5 Amount 100
City Columbus	Stal te OH	Zip Code 43201	Form (Cash, Check, etc.) check
Full Name of Contributor Thomas & Mary Katzenmeyer			Registration Number, if PAC
Street Address 4143 Stargrass Court	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 Amount 1,000
^{City} Hilliard	Stal te OH	Zip Code 43026	Form (Cash, Check, etc.)
Full Name of Contributor Anthony Jay Dascenzo			Registration Number, if PAC
Street Address 1012 Hunter Avenue		ation/Labor Organization*	0 9 2 3 0 5 Amount 100
City Columbus	Stal te OH	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor Steven C. Anderson			Registration Number, if PAC
Street Address 1171 Westwood Ave.		tion/Labor Organization*	0 9 2 3 0 5 Amount 100
^{City} Columbus	Sta te OH	Zip Code 43212	Form (Cash, Check, etc.) Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

in the date column	
Total contributions this event	Total expenditures this event.

0.00 Page Total \$ 1200.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

	Event Date September 21, 2005
Statement of Contributions Received	Page
at a Social or Fund-Raising Event	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Cheryl L. Pentella			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1320 McCoy Road			0 9 2 3 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
Full Name of Contributor			Registration Number, if PAC
Laura J. MacDonald			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount 100
3864 Mountview Road	Stales	Zip Code	0 9 2 3 0 5 100 Form (Cash, Check, etc.)
Columbus	Stal te OH	43221	check
Full Name of Contributor	OII	43221	Registration Number, if PAC
Joanne Schorsten			Augustian Aminor, in the
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
9030 Barassie Place			0 9 2 3 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	check
Full Name of Contributor			Registration Number, if PAC
Marry Morrison			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
5742 Fox Hollow Court			0 9 2 3 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Sylvania Full Name of Contributor	OH	43560	check
Kevin J. Miles			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
1009 Pennsylvania Ave.			0 9 2 3 0 5 150
City Columbus	Stalte OH	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor	UN 43201		Registration Number, if PAC
Fred Holdridge			Registration Number, II PAC
Street Address 763 S. Third Street	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 Amount 100
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor Jerome E. Friedman			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
332 Cliffside Drive			0 9 2 3 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event

in the date column	
Total contributions this event	Total expenditures this event.

0.00

Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

	eptember 21, 2005	
ontributions Received Page		

Statement of Co at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Neal J. Brower			registration (values, ii 1770
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
384 Reinhard Ave.	Employer/Secupation/Labor Organization		0 9 2 3 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	Columbus OH 43206		check
Full Name of Contributor			Registration Number, if PAC
Stephen P. Grassbaugh	_		
Street Address	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		check
Full Name of Contributor			Registration Number, if PAC
Gregg Dodd			
Street Address 1616 Franklin Ave.	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 100
City	Starte	Zip Code	0 9 2 3 0 5 100 Form (Cash, Check, etc.)
Columbus	OH	43205	check
Full Name of Contributor		Registration Number, if PAC	
Jan Allen			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
2125 Lane Woods Drive			0 9 2 3 0 5 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43221	check
Full Name of Contributor Lynn A. Greer			Registration Number, if PAC
Street Address 1200 Chambers Road Suite 410	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 Amount 100
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	check
Full Name of Contributor Catherine L- Ferrai			Registration Number, if PAC
Catherine L. Ferrai Street Address 5050 Glentangy River RD.	Employer/Occupa	ation/Labor Organization*	$ \stackrel{M}{ } 0 \stackrel{D}{\partial} \le \stackrel{Y}{0} $
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.)
Full Name of Contributor William B. Conner	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Street Address 465 South Parkview Ave	Employer/Occupa	ntion/Labor Organization*	MOSSOS Amount
Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to statewide	e and General Ass	sembly candidates. If contribu	tor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

in the date column		
Total contributions this event	Total expenditures this event.	
0.00	0.00	

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	October 1, 2005
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Prescribed by Secretary of State 03/05

Name of Committee in Full					
trane of Committee in Pan					
Full Name of Contributor			Registration Number, if PAC		
Michael L. Silberstein					
Street Address 1088 Fountain Lane, Apt F.	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 25		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43213	check		
Full Name of Contributor Robert H. Jeffrey			Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
296 Ashbourne Place			0 9 2 3 0 5 100		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43209	check		
Full Name of Contributor Edward M. Dunlap			Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
202 E. Como Ave.			0 9 2 3 0 5 50		
City	Sta te	Zip Code	Form (Cash, Check, etc.) Check		
Columbus	OH	43202			
Full Name of Contributor			Registration Number, if PAC		
Boyce Safford, III Street Address			M D Y Amount		
3451 Society Hill Court	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 30		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219	check		
Full Name of Contributor Timothy E. Liggins			Registration Number, if PAC		
Street Address 3146 Cumberland Woods Drive	Employer/Occup	eation/Labor Organization*	1 0 1 3 0 5 Amount 25		
City Columbus	Sta te OH	Zip Code 43219	Form (Cash, Check, etc.) Check		
Full Name of Contributor Angela C. Vancleaf			Registration Number, if PAC		
Street Address 4327 Grays Market Drive	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 50		
City Gahanna	Stal te OH	Zip Code 43230	Form (Cash, Check, etc.) Check		
Full Name of Contributor Atiba W. S. Jones			Registration Number, if PAC		
Street Address 765 Conestoga Drive	Employer/Occup	oation/Labor Organization*	1 0 1 3 0 5 Amount 50		
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check Itor is self-employed, the occupation and the name of		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contributions	this	event
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\$0.00

Total expenditures this event.

\$0.00



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Event Date	October 1, 2005
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Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor Robert W. Crosby			Registration Number, if PAC
Street Address 1520 thurell Road	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 3 0 5 25
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check
Full Name of Contributor Valerie R. Harrell			Registration Number, if PAC
Street Address 1449 Cottingham Court West		ation/Labor Organization*	1 0 1 3 0 5 Amount 50
^{City} Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor Hearcel F. Craig			Registration Number, if PAC
Street Address 5944 Shana Drive	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 25
^{City} Columbus	State Zip Code OH 43232		Form (Cash, Check, etc.) Check
Full Name of Contributor Channing & Associates			Registration Number, if PAC
Street Address 510 E. Mound Street, Suite 200	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 200
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Michelle I. Myles			Registration Number, if PAC
Street Address 401 Woodland Ave.	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 Amount 25
City Columbus	Stal te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor Lori M. Tyack		Avetaler at a constant of the	Registration Number, if PAC
Street Address 947 Clubview Boulevard North		ation/Labor Organization*	1 0 1 3 0 5 Amount 25
City Columbus	OH State	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor Timothy Myles			Registration Number, if PAC
Street Address 401 Woodland Ave.		ation/Labor Organization*	1 0 1 3 0 5 Amount 25
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

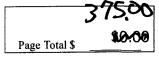
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions th	nis event
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\$0.00

Total expenditures this event.

\$0.00



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Event Date	October 1, 2005
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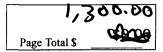
Name of Committee in Full			
Full Name of Contributor Mark Barbash			Registration Number, if PAC
Street Address 718 Euclaire	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 50
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Mary Jo Hudson			Registration Number, if PAC
Street Address 955 Delaware Ave.	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 100
City Columbus	Stal te OH	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor Derek H. Anderson			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 50
City	State OH	Zip Code	Form (Cash, Check, etc.) Check
Full Name of Contributor Thomas W. Gibson			Registration Number, if PAC
Street Address 5470 North Meadow	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 50
City Columbus	Sta te OH	Zip Code 43229	Form (Cash, Check, etc.) Check
Full Name of Contributor Jocelyn D. Neely			Registration Number, if PAC
Street Address 1921 Mountain Oak Road		ation/Labor Organization*	1 0 1 3 0 5 Amount 25
^{City} Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.) Check
Full Name of Contributor Clarence D. Lumpkin			Registration Number, if PAC
Street Address 1330 East 20th Ave.	Employer/Occupa	ation/Labor Organization*	1 0 1 3 0 5 Amount 25
City Columbus	Stal te OH	Zip Code 43211	Form (Cash, Check, etc.) Check
Full Name of Contributor Friends of Rick Pfeiffer Committee			Registration Number, if PAC
Street Address 88 E. Broad Street, Suite 1250		ation/Labor Organization*	1 0 1 3 0 5 Amount 1,000
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

lotal contributions this event
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Total expenditures this event.



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Event Date October 1, 20	05
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Paul H. Coleman			
Street Address 1299 Haddon Road	Employer/Occup Attorne	ation/Labor Organization*	1 0 1 3 0 5 Amount 25
^{City} Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Newton L. Burris			
Street Address 3526 Livmoor Drive	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43227	check
Full Name of Contributor Steven N. Rosenthal			Registration Number, if PAC
Street Address 5272 Rockport Street	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 Amount 40
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	check
Full Name of Contributor			Registration Number, if PAC
Leonard E. Scott			
Street Address 2304 Wynds Ct.	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 Amount 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	check
Full Name of Contributor Michael E. Hariston			Registration Number, if PAC
Street Address 1359 Atcheson Street	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 Amount 50
^{City} Columbus	Stal te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor Michelle 1. Myles			Registration Number, if PAC
Street Address 401 Woodland Ave.	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 Amount 25
^{City} Columbus	Stal te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor Kevin L. Dixon			Registration Number, if PAC
Street Address 1568 Kenview Road	Employer/Occup	ation/Labor Organization*	1 0 1 3 0 5 Amount 100
^{City} Columbus	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) Check

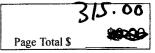
Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	
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\$0.00

Total expenditures this event.



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Event Date	October 1, 2005
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Full Name of Contributor			I D V ICPAC			
Yvette McGee Brown			Registration Number, if PAC			
Street Address	Employer/Occups	ution/Labor Organization*	M D Y Amount			
643 Crossing Creek	Employen Occupa	aton East Organization	1 0 1 3 0 5 250			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Gahanna	OH	43230	check			
Full Name of Contributor		. 1·	Registration Number, if PAC			
Evangeline Woods						
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount			
`672 Rainbow Park		alist/Mt. Čarmel	1 0 1 3 0 5 10			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	cash			
Full Name of Contributor			Registration Number, if PAC			
Ed Leonard						
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount			
4025 Berrybush Drive		Count Tres. Office	1 0 1 3 0 5 35			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Gahanna	ОН	43230	cash			
Full Name of Contributor			Registration Number, if PAC			
Bob Vaughan						
Street Address		tion/Labor Organization*	M D Y Amount			
808 Parsons Ave.		ller/Vaughan Motor	1 0 1 3 0 5 25			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	cash			
Full Name of Contributor Mark Smith			Registration Number, if PAC			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount			
1260 South Champion	Target L	ogistics	1 0 1 3 0 5 25			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43206	cash			
Full Name of Contributor Don L. Brown			Registration Number, if PAC			
Street Address 3921 Lytham Ct.	Employer/Occupa	tion/Labor Organization*	1 0 1 3 0 5 Amount 75			
City	State	Zip Code	Form (Cash, Check, etc.)			
Úpper Arlington	OH	43220	check			
Full Name of Contributor Larry D. Danduran			Registration Number, if PAC			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount			
562 Gleaming Drive			1 0 1 3 0 5 25			
City	Stal te	Zip Code	Form (Cash, Check, etc.)			
Galloway	OH	43119	check			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

lotal contributions this event	
\$0.00	•
Ψ0.00	

Total expenditures this event.

\$0.00

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Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date_Octopber 1, 2005
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THE BOOK AS A SECOND AS A SECO						
Name of Committee in Full					<u>-</u>	
Full Name of Contributor			Registr	ration N	umber,	if PAC
Marian L. Harris						
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount
5145 Holbrook Drive			1 0		1	
City Columbus	Sta te	Zip Code 43232		Cash, Ch	ieck, et	c.)
Full Name of Contributor	OH	43232	chec			· CD L C
Joseph F. Meara			Kegisti	ration N	umber,	II PAC
Street Address	Employar/Occum	ation/Labor Organization*	M	D	TY	Amount
330 Medick way	Employer/Occup	ation/Labor Organization	1 0	2 5	1 1	
City	Sta te	Zip Code		Cash, Ch		
Worthington	OH	43085	chec	:k		
Full Name of Contributor			Registr	ation N	umber,	ifPAC
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount
City	Starte	Zip Code	Form (C	ash, Ch	eck, etc	2.)
Full Name of Contributor	OH		Danista	adian M		EDAC
run Name of Commodior			Registr	ation Nu	ımber, ı	IT PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount
City	Stal te OH	Zip Code	Form (C	ash, Ch	eck, etc	c.)
Full Name of Contributor			Registr	ation Nu	ımber, i	f PAC
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount
City	State OH	Zip Code	Form (C	ash, Ch	eck, etc	s.)
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ation Nu	ımber, i	fPAC
Street Address	Employer/Occupa	ution/Labor Organization*	M	D	Y	Amount
City	Stal te OH	Zip Code	Form (C	ash, Che	eck, etc	·.)
Full Name of Contributor	, i	1	Registra	ation Nu	mber, i	f PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
City	Sta te	Zip Code	Form (C	ash, Ch	eck, etc	.)
	OH	}				

nsfer the Total contributions for this event to form No. 3 he date column	31-A. Under Full Name of Contributor state "Contributions from fo	orm No. 31-E" and list the date of the ev
al contributions this event	Total expenditures this event.	
0.00	0.00	Page Total \$ 75.00

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_October 7, 2005	
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Name of Committee in Full			
Full Name of Contributor Thomas A. Rankin	Registration Number, if PAC		
Street Address 996 Poopy hills Drive	Employer/Occupation/Labor Organization*		M D Y Amount 500
City Blacklick	Sta te OH	Zip Code 43004	Form (Cash, Check, etc.) Check
Full Name of Contributor Joseph Thomas		-	Registration Number, if PAC
Street Address 7719 Holderman Street	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 500
City Lewis Center	Sta te OH	Zip Code 43035	Form (Cash, Check, etc.) check
Full Name of Contributor Stacey M. Giller			Registration Number, if PAC
Street Address 3161 Summerwood Court	Employer/Occupa	ation/Labor Organization*	0 9 2 3 0 5 500
^{City} Galena	State Zip Code		Form (Cash, Check, etc.) Check
Full Name of Contributor Michael J. Kenney			Registration Number, if PAC
Street Address 154 Cameron Ridge Drive	Employer/Occupation/Labor Organization*		0 9 2 3 0 5 500
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor Frank J. Cipriano			Registration Number, if PAC
Street Address 39 E. Whittier Street		ation/Labor Organization*	0 9 2 3 0 5 Amount 500
City Columbus	OH Stal te	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Daniel M. Slane			Registration Number, if PAC
Street Address 261 W. Johnstown Road	Attorne	<u> </u>	1 0 1 3 0 5 Amount 500
City Columbus	Sta te OH	Zip Code 43230	Form (Cash, Check, etc.) check
Full Name of Contributor Newton L. Burris			Registration Number, if PAC
Street Address 3526 Livmoor Drive		ation/Labor Organization*	1 0 1 3 0 5 Amount 1,000
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Totai	contributions	tnis	event

\$0.00

Total expenditures this event.

\$0.00

4, 000 .06
Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	October 7, 2005
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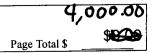
			1
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Jill K. Tangeman			
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount
1138 Sea Shell Drive			1 0 1 3 0 5 500
City	1 '	Zip Code	Form (Cash, Check, etc.)
Westerville	ОН	4308	check
Full Name of Contributor			Registration Number, if PAC
Otto Beatty, III			M D Y Amount
Street Address 600 South Grant Ave.	Employer/Occupation	on/Labor Organization*	1 0 1 3 0 5 500
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor			Registration Number, if PAC
SZD Government Advocates LLC			
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount
250 West Street			1 0 1 3 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Daniel R. Helmick	F 1 . 'O	/I -h/*	M D Y Amount
Street Address 2050 Ellington Road	Employer/Occupation/Labor Organization*		1 0 1 3 0 5 250
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor	<u>L</u>	<u> </u>	Registration Number, if PAC
Robert W. Campbell			
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount 1 0 1 3 0 5 500
227 Cottswold Drive		T	. 0 . 0 0
City Dolawara	Starte OH	Zip Code 43015	Form (Cash, Check, etc.) Check
Delaware	UII	10010	Registration Number, if PAC
Full Name of Contributor Porter Wright Morris & Arthur LLP			Togistimot Humon, it the
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount
41 South High Street		-	1 0 1 3 0 5 1,500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Čolumbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Richard J. Conie			M D Y Amount
Street Address	Employer/Occupation	on/Labor Organization*	1 0 1 3 0 5 Amount 500
3900 Tarrington Lane	Contra	Zip Code	Form (Cash, Check, etc.)
City Columbus	State OH	43220	check
* Described for contributions from individuals over \$100 to statewide			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

lotal co	ntributions this event
	\$0.00

Total expenditures this event.



the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement	of Cor	atribution	ıs Re	ceived
at a Socia	al or F	und-Rais	ing E	Event

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Prescribed by Secretary of State 03/05

CO T. II			
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Macy T. Block			
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y Amount
8581 Dunsinane Drive			1 0 1 3 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	check
Full Name of Contributor			Registration Number, if PAC
Franz Geiger			M D Y Amount
Street Address	Employer/Occupa	tion/Labor Organization*	1 0 1 3 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		check
Full Name of Contributor			Registration Number, if PAC
J.B. Igel			
Street Address	Employer/Occupa	tion/Labor Organization*	1 0 1 3 0 5 400
1033 Zodiac Ave.	Sta te	Zip Code	Form (Cash, Check, etc.)
^{City} Gahanna	OH	43230	check
Full Name of Contributor	1 011	10200	Registration Number, if PAC
Patrick J. Kelley			-
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
2712 Bexley Park		-	1 0 1 3 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	check
Full Name of Contributor Adam Lewin			Registration Number, if PAC
Street Address	Street Address Employer/Occupation/Labor Organization*		M D Y Amount
2690 Bryden Road			1 0 1 3 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.) Check
Columbus	OH	43209	
Full Name of Contributor Chalres E. Ruma			Registration Number, if PAC
Street Address 3485 Brockton Ct.	Employer/Occupa	tion/Labor Organization*	1 0 1 3 0 5 Amount 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Powell	OH	43065	check
Full Name of Contributor Thomas E. Mosure		Registration Number, if PAC	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
4250 Dublin Road	Етьрюует/Оссира	mon ranoi Oikumaanon	1 0 1 3 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
	100 to state wide and Cananal Age	amble condidates If contribu	itor is self-employed, the occupation and the name of

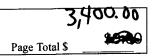
Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contri	butions	this	event	
					•

\$0.00

Total expenditures this event.



^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Nelson E. Kohman			
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount
10039 Hollow Road		-	1 0 1 3 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pataskala	OH	43062	check
Full Name of Contributor			Registration Number, if PAC
James T. Merkel			
Street Address	Employer/Occupa	tion/Labor Organization*	1 0 1 3 0 5 500
7693 Sudbrook Square West	Ct.d.	Zip Code	1 0 1 3 0 5 500 Form (Cash, Check, etc.)
City Now Albany	Starte OH	43054	check
New Albany Full Name of Contributor	UII	43034	Registration Number, if PAC
George J. Sicaras			
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
2460 N. High Street		•	1 0 1 3 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
Full Name of Contributor			Registration Number, if PAC
Chad P. Wick			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount 1 0 1 3 0 5 1,000
7923 Hopper Road	Contra	Zip Code	1 0 1 3 0 5 1,000 Form (Cash, Check, etc.)
City Cincinnati	State OH	45255	check
Full Name of Contributor	011	40200	Registration Number, if PAC
John W. Royer			
Street Address Employer/Occupation/Labor Organization*			M D Y Amount
10 West Broad Street			1 0 1 3 0 5 500
City	State	Zip Code	Form (Cash, Check, etc.) Check
Columbus	OH	43215	
Full Name of Contributor Nationwide Better Citizens Fund			Registration Number, if PAC OH259
		7.1.0	M D Y Amount
Street Address One Nationwide Plaza	Employer/Occupa	ation/Labor Organization*	1 0 1 3 0 5 1,000
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	check
Full Name of Contributor		<u> </u>	Registration Number, if PAC
Michael S. Schiff			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount 250
400 S. Parkview Ave.			
Columbus	State	Zip Code 43209	Form (Cash, Check, etc.)
Columbus	OH	43203	Clieck

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contrib	outions	this	ever	ıt

\$0.00

Total expenditures this event.

\$0.00

3,800.00 Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Name of Committee in Full				
			I Province of the Control of the Con	
Full Name of Contributor Vorys Sater Seymour And Pease LLP			Registration Number, if PAC	
Street Address			M D Y Amount	
52 E. Gay Street			1 0 1 3 0 5 1,000	
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor	Uri	70210	Registration Number, if PAC	
Jonathan E. Kass				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
19 Wiveliscombe	6:1:	7:- C-1-	1 0 1 5 0 5 100 Form (Cash, Check, etc.)	
City New Albany	Stal te OH	Zip Code 43054	check	
Full Name of Contributor	011	13001	Registration Number, if PAC	
Kenton R. Bowen				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	
2396 W. Lane Ave.	9.1	7: 0.1	1 0 1 5 0 5 100	
Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Columbus OH 43221 Full Name of Contributor			Registration Number, if PAC	
Jeffrey A. Strung				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
350 Potomac Court	Sala	7in Codo	1 0 1 5 0 5 500 Form (Cash, Check, etc.)	
City Westerville	Stal te OH	Zip Code 43082	check	
Full Name of Contributor	011	70002	Registration Number, if PAC	
James D. Casto				
Street Address Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 5 0 5 250		
6241 Riverside Drive, Suite 25	Sele	7 in Code	Form (Cash, Check, etc.)	
City Dublin	Stal te OH	Zip Code 43017	check	
Full Name of Contributor			Registration Number, if PAC	
Scott Wilson Schiff				
Street Address 503 S. Front Street, Suite 205	Employer/Occup	ation/Labor Organization*	1 0 1 5 0 5 Amount 250	
	Stal te	Zip Code	Form (Cash, Check, etc.)	
City Columbus	OH	43215	check	
Full Name of Contributor Jeffrey L. Brown	Registration Number, if PAC			
Street Address		ation/Labor Organization*	M D Y Amount	
37 West Broad Street		y/Smith & Hale	1 0 1 5 0 5 500	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
610040	-t-td- and Canonal A	mamble condidates If contribu	tor is self-employed, the occupation and the name of	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event			
0.00			

Total expenditures this event.

0.00

Page Total \$ 2,700.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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N			
Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Jackson B. Reynolds, III			
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
37 West Broad Street	Attorne	ey/Smith & Hale	1 0 1 5 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Connie J. Klema			
Street Address 100 Zellers	Employer/Occup	pation/Labor Organization*	M D Y Amount 1 0 2 5 0 5 600
	G.J.	7:- 0-1-	, 0 = 0 0
^{Ctiy} Pataskala	Sta te OH	Zip Code 43062	Form (Cash, Check, etc.)
Full Name of Contributor	Un	43002	Registration Number, if PAC
Michael P. Glimcher			Cognition Famous, II I AC
Street Address	Employer/Occum	pation/Labor Organization*	M D Y Amount
4130 E. Fifth Ave.	Employer/Occup	January Labor Organization	1 0 2 5 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	check
Full Name of Contributor	Registration Number, if PAC		
SBC Ohio Employee PAC			
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount
150 East Gay Street, Room 4A			1 0 2 5 0 5 500
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43215		check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
	011		Designation Division (FDAC)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Starte	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occur	ation/Labor Organization*	M D Y Amount
	Employer/Occup	anon Lavor Organization	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
•	1	1	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

in the date column		
Total contributions this event	Total expenditures this event.	
0.00	0.00	2

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Page			

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Name of Committee in Full			
Full Name of Contributor Margurite H. Turnbull			Registration Number, if PAC
Street Address 4590 Knightsbridge Blvd., Apt. 301	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 1 5 0 5 35
City Columbus	Sta te OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor J. Anthony Logan	<u></u>		Registration Number, if PAC
Street Address 4740 Hayden Run Road		ation/Labor Organization*	1 0 1 5 0 5 100
City Columbus	Sta te OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Frank Macke			Registration Number, if PAC
Street Address 370 E.Cook Road		ation/Labor Organization*	1 0 1 5 0 5 Amount 300
City Columbus	State Zip Code OH 43214		Form (Cash, Check, etc.) Check
Full Name of Contributor Robert M. Snow, Jr.			Registration Number, if PAC
Street Address 1379 Wyandotte Road	Employer/Occupation/Labor Organization*		1 0 1 5 0 5 50
^{City} Columbus	State Zip Code OH 43212		Form (Cash, Check, etc.) Check
Full Name of Contributor Barbara Poppe			Registration Number, if PAC
Street Address 340 Clinton Heights Ave.	Employer/Occup	ation/Labor Organization*	1 0 1 5 0 5 Amount 100
^{City} Columbus	Stal te OH	Zip Code 43202	Form (Cash, Check, etc.) Check
Full Name of Contributor Deborah M. Craford			Registration Number, if PAC
Street Address 33 Glencoe Road	Employer/Occupation/Labor Organization*		1 0 1 5 0 5 Amount 100
City Columbus	Stal te OH 43214		Form (Cash, Check, etc.) Check
Full Name of Contributor Michael J. Wihl			Registration Number, if PAC
Street Address 764 1/2 South Sixth Street	Employer/Occup	ation/Labor Organization*	1 0 1 5 0 5 Amount 35
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contributions	this	event
-------	---------------	------	-------

\$0.00

Total expenditures this event.

\$0.00

720.06
Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date October 13, 2005	٦
Page	

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Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Anthony Jay Dascenzo			
Street Address	Eniployer/Occupation/Labor Organization		M D Y Amount
1012 Hunter Ave.			1 0 1 5 0 5 100
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43201	check
Donald J. McTique			Registration Number, if PAC
Street Address	F	antian Markan Our antiantia	M D Y Amount
3886 N. High Street	Attonrey	oation/Labor Organization*	1 0 1 5 0 5 300
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH [°]	43214	check
Full Name of Contributor			Registration Number, if PAC
Jo Ann St. Clair			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
209 Olentangy Street			1 0 1 5 0 5 25
Columbia	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus Full Name of Contributor	OH	43202	check
Dan Stewart			Registration Number, if PAC
Street Address	F. 1. (0.		M D Y Amount
947 Goodale Blvd. Suite 201	Employer/Occupation/Labor Organization*		1 0 1 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH OH	43212	check
Full Name of Contributor			Registration Number, if PAC
Kelly O'Reilly			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
446 Howland Drive			1 0 1 5 0 5 35
^{City} Gahanna	Stal te OH	Zip Code 43230	Form (Cash, Check, etc.) Check
Full Name of Contributor	On	43230	
James R. Rishel			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization#	M D Y Amount
7288 Lee Road Employer/Occupation/Labor Organization*		1 0 1 5 0 5 50	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor Arthur M. Phillips			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
3453 Oak Bend Blvd.			1 0 1 5 0 5 35
City Conal Winchaster	Sta te	Zip Code	Form (Cash, Check, etc.)
Canal Winchester	OH	43110	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event
1
90.00

Total expenditures this event.

1,	315.00
Page Total \$	\$0100

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		-	
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Tony Kico			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
76 W. Tulane Road	ARK Pi	roductions	1 0 1 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
Full Name of Contributor			Registration Number, if PAC
Edward Leonard			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
4025 Berrybush Drive	Franklin (County Tres.	1 0 1 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	check
Full Name of Contributor			Registration Number, if PAC
The Brunner Firm CO., LPA			
Street Address	1	ation/Labor Organization*	M D Y Amount
545 East Town Street	Attorne	-	1 0 1 5 0 5 35
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Martha McFerran			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
43 Fallis Road			1 0 2 5 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	check
Full Name of Contributor Cynthia L. Ruccia			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
1036 Grandon Ave.			1 0 2 5 0 5 35
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	check
Full Name of Contributor Michele A. Pearson			Registration Number, if PAC
Street Address 231 Ellis Place	Employer/Occupa	ation/Labor Organization*	M D Y Amount 35
The state of the s	Stal te	Zip Code	Form (Cash, Check, etc.)
City Marion	OH	43302	check
Full Name of Contributor Oliver P. Jones			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
113 W. Como Ave.	Employer/Occup		1 0 2 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43202	check
		combly candidates If cont-ib-	utor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this even		
\$0.00		

Total expenditures this event.

\$0.00

280.00
Page Total \$

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	Octopber 13, 2005
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	Prescribed by Secreta	lly of state 05/05		
Name of Committee in Full				
Full Name of Contributor Teamsters Local Union 284			Registration Number,	f PAC
Street Address 555 E. Rich Street	Employer/Occupa	tion/Labor Organization*	0 9 2 3 0	Amount 300
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc	
Full Name of Contributor			Registration Number, i	FPAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y	Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc	.)
Full Name of Contributor			Registration Number, i	f PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y	Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc	.)
Full Name of Contributor			Registration Number, i	FPAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc)
Full Name of Contributor			Registration Number, i	f PAC
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y	Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, it	f PAC
Street Address	Employer/Occupat	tion/Labor Organization*	M D Y	Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y	Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)
Required for contributions from individuals over	\$100 to statewide and General Asse	embly candidates. If contribu	tor is self-employed, the occ	cupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contribution in the date column	s for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No.	31-E" and list the date of the event
Total contributions this event	Total expenditures this event.	
0.00	0.00	Page Total \$ 300.00

the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date Octopber 19, 2005
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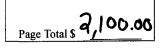
Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor David R. Schooler			Registration Number, if PAC
Street Address 273 E. Sycamore Street	Employer/Occup	pation/Labor Organization*	1 0 2 5 0 5 Amount 100
City Columbus	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Susan J. Insley	•		Registration Number, if PAC
Street Address 4972 Tempe Road		ation/Labor Organization*	1 0 2 5 0 5 250
City Powell	Sta te OH	Zip Code 43065	Form (Cash, Check, etc.) Check
Full Name of Contributor Grant Morrow III			Registration Number, if PAC
Street Address 253 N. Columbia Ave.	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 Amount 500
^{City} Columbus	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Barbara Trueman			Registration Number, if PAC
Street Address 5490 Hayden Run Road	Employer/Occup	ation/Labor Organization*	M D Y Amount 1 0 2 5 0 5 500
^{City} Hilliard	Stal te OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Jacqueline J. Royster			Registration Number, if PAC
Street Address 6272 Highgate Place	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 Amount 150
City Lewis Center	Stal te OH	Zip Code 43035	Form (Cash, Check, etc.) Check
Full Name of Contributor Michael Gonsiorowski			Registration Number, if PAC
Street Address One Miranova Place	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 Amount 100
City Columbus	OH Stal te	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert H. Jeffrey			Registration Number, if PAC
Street Address 296 Ashbourne Place		ation/Labor Organization*	1 0 2 5 0 5 Amount 500
City Columbus	Sta te OH	Zip Code 43209	Form (Cash, Check, etc.) Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
0.00	0.00
0.00	0.00



^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date Octopber 19, 2005
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Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor Barbara K. Brandt			Registration Number, if PAC
Street Address 2333 Brentwood Road	Employer/Occupation/Labor Organization*		M D Y Amount 1 0 2 5 0 5 100
^{City} Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Kerri Anderson			Registration Number, if PAC
Street Address 2525 Wimbledon Road		ation/Labor Organization*	1 0 2 5 0 5 500
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check
Full Name of Contributor M. Jameson Crane			Registration Number, if PAC
Street Address 2289 Onandaga Drive	Employer/Occupation/Labor Organization*		1 0 2 5 0 5 Amount 100
City Columbus	Sta te OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Ann B. Crane			Registration Number, if PAC
Street Address 3600 Kitzmiller Road		ation/Labor Organization*	1 0 2 5 0 5 500
City New Albany	Stalte OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert Lazarus, Jr.			Registration Number, if PAC
Street Address		ation/Labor Organization*	1 0 2 5 0 5 Amount 200
City Columbus	Stal te OH	Zip Code	Form (Cash, Check, etc.) Check
Full Name of Contributor			Registration Number, if PAC
Street Address		ation/Labor Organization*	M D Y Amount
City	OH Stal te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	Sta te OH	Zip Code	Form (Cash, Check, etc.) Itor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

III die date volum		
Total contributions this event	Total expenditures this event.	
0.00	0.00	Page Total \$ 1,400.00

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	October 21, 2005
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Jamie A. Liggins			
Street Address 3146 Cumberland Woods Drive	Employer/Occupation/Labor Organization*		1 0 2 5 0 5 50
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.)
Full Name of Contributor	Off	.02.0	Registration Number, if PAC
Tamiko M. Carter			Togasianon (united)
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
5748 Satinwood Drive	Zinpio, et. Comp	· ·	1 0 2 5 0 5 25
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43229	check
Full Name of Contributor Joycelyn D. Neely			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1921 Mountain Oak Road			1 0 2 5 0 5 10
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	check
Full Name of Contributor			Registration Number, if PAC
Nicolina Catalogna			
Street Address 2577 Hubbell Road	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 50
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43232	check
Full Name of Contributor Kathy Angela Owens			Registration Number, if PAC
Street Address 2550 Tucker Trail	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 Amount 25
City Lewis Center	Stal te OH	Zip Code 43035	Form (Cash, Check, etc.) Check
Full Name of Contributor Jamie A. Liggins			Registration Number, if PAC
Street Address 3146 Cumberland Woods Drive	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 Amount 75
^{City} Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.) Check
Full Name of Contributor Tara Brown			Registration Number, if PAC
Street Address 6070 Whitman Road	Employer/Occup	ation/Labor Organization*	1 0 2 5 0 5 Amount 25
^{City} Columbus	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) Check
* D - wind 6 with this are from individuals over \$100 to	statewide and General As	sembly candidates. If contribu	tor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
0.00	0.00 Page Total \$ 260.90

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Event Date	October 21, 2005
Page	

Page Total \$ 175.0

Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Katina M. Burris			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
13752 Mottlestone Drive		-	1 0 2 5 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Pickerington	OH	43147	check
Full Name of Contributor			Registration Number, if PAC
Michelle I. Myles			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
401 Woodland Ave.	C4-14-	7:- 0-1-	1 0 2 5 0 5 25
City Columbus	Sta te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor	On	43203	Registration Number, if PAC
Diane M. Ivery			Registration Number, it FAC
Street Address	Employer/Occupy	ation/Labor Organization*	M D Y Amount
2665 Marview	Employer/Occupa	anon/Labor Organization	1 0 2 5 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	check
Full Name of Contributor			Registration Number, if PAC
Gail A. White-Dixon			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
1652 Bryden Road			1 0 2 5 0 5 25
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43205	check
Full Name of Contributor Charlene White			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
2510 Sunbury Drive			1 0 2 5 0 5 25
^{City} Columbus	Stal te	Zip Code 43219	Form (Cash, Check, etc.)
	OH	43219	
Full Name of Contributor Lataisha Goins			Registration Number, if PAC
Street Address 1477 Elmore Ave.	Employer/Occupa	ation/Labor Organization*	1 0 2 5 0 5 Amount 50
City	Starte	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43224	check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount
		•	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

in the date column		
Total contributions this event	Total expenditures this event.	
0.00	0.00	IRC

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Name of Committee in Full			
To Whom Paid Steven Hightower			M D Y Amount 750
Address 258 Lane Ave.	Purpose Consulting		
City Columbus	State OH	Zip Code 43201	Check Number 1291
To Whom Paid U. S. Postmaster			0 9 0 7 0 5 Amount 240.50
Address 850 Twins River Drive	Purpose		
City Columbus	OH State	Zip Code 43216	Check Number 1292
To Whom Paid Mallory For Citizens			0 9 0 7 0 5 Amount 500
Address	Purpose Contributio		
City	State OH	Zip Code	Check Number 1293
To Whom Paid Jack Ford for Mayor			M D Y Amount 0 9 0 7 0 5 250
Address	Purpose Contributio		
City	State OH	Zip Code	Check Number 1294
Steven Hightower			M D Y Amount 750
Address 258 Lane Ave.	Purpose consulting f		
City Columbus	OH State	Zip Code 43201	Check Number 1295
To Whom Paid Steven Hightower	,		0 9 1 5 0 5 Amount 32
Address 258 Lane Ave	1	mpaign workers	
City Columbus	State OH	Zip Code 43201	Check Number 1296
Franklin County Democratic Party	<u></u>		M D Y Amount 100 5 100
Address 271 East State Street	Purpose Ballot break		
City Columbus	State OH	Zip Code 43215	Check Number 1297
St. Stephen's Community House			M D Y Amount 0 9 2 9 0 5 100
Address	Purpose parade fee		
City Columbus	State OH	Zip Code	Check Number 1298

Page _____

Name of Committee in Full			
To Whom Paid Steven Hightower			M D Y Amount 750
ddress Purpose			0 , 2 3 0 0 1
258 Lane Ave.	consultin		
City Columbus	State OH	Zip Code 43201	Check Number 1283
To Whom Paid Coleen Sparks			M D Y Amount 52 0 5 52
Address	reimburs	sement for postag	e
City Columbus	State OH	Zip Code	Check Number 1284
To Whom Paid Steven Hightower			0 8 1 5 0 5 Amount 750
Address 258 Lane Ave.	Purpose Consultin	g fees	
City Columbus	State OH	Zip Code 43201	Check Number 1285
To Whom Paid Peerless Printing			0 8 2 2 0 5 Amount 985.15
Address	Purpose newslette		
City Columbus	State OH	Zip Code 43201	Check Number 1286
U. S. Postmaster			0 8 2 4 0 5 Amount 333.13
Address 850 Twin Rivewrs Drive	Purpose Postage		
City Columbus	State OH	Zip Code 43216	Check Number 1287
To Whom Paid Club 185			0 8 2 4 0 5 Amount 190
Address 185 Livingston Ave.	Purpose food		
City Columbus	State OH	Zip Code 43215	Check Number 1288
To Whom Paid Steven Hightower			0 8 2 6 0 5 Amount 125
Address 258 Lane Ave.	office sup	•	
City Columbus	State OH	Zip Code 43215	Check Number 1289
To Whom Paid Tactical Edge, LTD			M D Y Amount 0 9 0 1 0 5 2,000
Address 929 Harrison Ave, Suite 305	Purpose Consulting		
City Columbus	State OH	Zip Code 43215	Check Number 1290

Page	

		M D Y	Amount
Duman		0 7 1 5 0 5	750
consulting			
State OH	Zip Code 43201	Check Number 1271	
	<u> </u>	M D Y 7 1 5 0 5	Amount 380.93
Purpose		10 1 1 0 0 0	000.00
State OH	Zip Code 43215	Check Number 1276	
		M D Y O 5	Amount 91
Purpose reimburse	ment for postage	- 	
State	Zip Code	Check Number	
OH		1277	
		0 7 1 5 0 5	Amount 110
Purpose rental of h	elium tanks		
State OH	Zip Code 43201	Check Number	
		M D Y O 5	Amount 30
Purpose reimbursen	ment for invitations		1
State OH	Zip Code 43201	Check Number	
<u> </u>		M D Y	Amount 249
Purpose			
letterhead			
State OH	Zip Code	Check Number 1280	
· · · · · · · · · · · · · · · · · · ·		M D Y O 5	Amount 281.93
Purpose catering			
State OH	Zip Code 43215	Check Number	
<u> </u>	<u> </u>	M D Y 0 7 2 9 0 5	Amount 2,000
Purpose Consulting f	ees	1 - - - - -	
State OH	Zip Code 43215	Check Number 1282	
	Purpose reimburser OH Purpose reimburser OH Purpose rental of h State OH Purpose reimburser OH Purpose reimburser OH Purpose reimburser OH Purpose reimburser OH Purpose letterhead State OH Purpose catering State OH	Purpose campaign food State OH A3201	State

Page	

Name of Committee in Full			
Name of Committee in Full			
To Whom Paid The Feldman Group, Inc.			M D Y Amount 4,268
Address	Purpose polling		10 0 11 0 0 0 7723
City	State	Zip Code	Check Number
To Whom Paid	OH		1267 M D Y Amount
Tactical Edge, LTD			0 6 1 3 0 5 2,000
Address 929 Harrison Ave., Suite 305	Purpose Consult	ing fees	
City Columbus	State OH	Zip Code 43215	Check Number 1268
To Whom Paid Tactical Edge, LTD			M D Y Amount 0 6 1 3 0 5 45
Address 929 Harrison Ave., Suite 305	Purpose art work	design	
City Columbus	State OH	Zip Code 43215	Check Number 1269
To Whom Paid Steven Hightower	į.		M D Y Amount 0 6 1 3 0 5 750
Address 258 Lane Ave.	Purpose CONSUltir	ng fees	
City Columbus	State OH	Zip Code 43201	Check Number 1270
To Whom Paid Steven Hightower	L		M D Y Amount 0 6 1 3 0 5 45
Address 258 Lane Ave.	Purpose Office Sup	pplies	
City Columbus	State OH	Zip Code 43201	Check Number 1272
To Whom Paid Steven Hightower	<u> </u>		M D Y Amount 0 6 3 0 0 5 750
Address 258 Lane Ave.	Purpose Consultin	g fees	
City Columbus	State OH	Zip Code 43201	Check Number 1273
Tactical Edge, LTD	<u> </u>		M D Y Amount 2,000
Address 929 Harrison Ave., Suite 305	Purpose CONSUltin	g fees	
City Columbus	State OH	Zip Code 43215	Check Number
To Whom Paid SMK Advertising	<u> </u>		M D Y Amount 0 7 0 8 0 5 283
Address	Purpose campaigr	supplies	
City	State OH	Zip Code	Check Number 1275

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Vi CC' ' ' ' '			
Name of Committee in Full			
To Whom Paid Capital Club			M D Y Amount 737.62
Address 41 South High Street	Purpose Food for	campaign	
City Columbus	State OH	Zip Code 43215	Check Number 1259
To Whom Paid Carl Williams			0 5 1 9 0 5 Amount 150
Address	Purpose photogra	aphy	
City Columbus	State OH	Zip Code	Check Number 1260
To Whom Paid Tactical Edge, LTD			0 5 2 0 0 5 Amount 595
929 Harrison Ave., Suite 305	reimburse	ement for envelop	pes & office supplies
City Columbus	State OH	Zip Code 43215	Check Number 1261
Tactical Edge, LTD			M D Y Amount 224
Address 929 Harrison Ave., Suite 305	graphics	and invitations	
City Columbus	State OH	Zip Code 43215	Check Number 1262
Teamsters Local Union 314			0 5 2 0 0 5 Amount 100
Address	Purpose golf outing	j fees	
City Columbus	OH State	Zip Code 43215	Check Number 1263
Franklin County Democratic Party			0 5 2 0 0 5 Amount 200
Address 271 East State Street	Purpose Golf outing	g fees/sponsorship	
City Columbus	State OH	Zip Code 43215	Check Number 1264
To Whom Paid Steven Hightower			M D Y Amount 0 5 2 0 0 5 122
Address 258 E. Lane Ave.		mittee Gifts	
City Columbus	State OH	Zip Code 43201	Check Number 1265
Steven Hightower			M D Y Amount 0 6 0 1 0 5 750
Address 258 E. Lane Ave.	Purpose Consulting	<u>- </u>	
City Columbus	State OH	Zip Code 43201	Check Number 1258 / 26 6

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Page	

Name of Committee in Full			
To Whom Paid Key Bank			M D Y Amount 0 4 2 9 0 5 6.75
Address 88 East Broad Street	Purpose Bank ch	arge	
Columbus	State OH	Zip Code 43215	Check Number N/A
To Whom Paid Steven Hightower			0 4 2 9 0 5 Amount 1,000
Address 258 E. Lane Ave.	Purpose Consulti	ng fees	
City Columbus	State OH	Zip Code 43201	Check Number 1249
To Whom Paid Covention Communications			M D Y Amount 207
Address	Purpose phones f	or campaign	
City	State OH	Zip Code	Check Number 1248
To Whom Paid Steven Hightower			M D Y Amount 0 5 0 6 0 5 89
Address 258 E. Lane Ave.	Purpose reimburs	sement for camp	aign food
City Columbus	State OH	Zip Code 43201	Check Number 1254
To Whom Paid Brainstorm Media, Inc.			M D Y Amount 0 5 1 7 0 5 4,814
Address	Purpose Video pro	duction	
City	State OH	Zip Code	Check Number 1255
To Whom Paid Steven Hightower			0 5 1 7 0 5 Amount 750
Address 258 E. Lane Ave.	Purpose Consultin	ig fees	
City Columbus	State OH	Zip Code 43201	Check Number 1256
To Whom Paid Tactical Edge, LTD			M D Y Amount 0 5 1 7 0 5 2,000
Address 929 Harrison Ave., Suite 305	Purpose Consultin		
City Columbus	State OH	Zip Code 43215	Check Number 1257
To Whom Paid Gina Gabriel			M D Y Amount 0 5 1 7 0 5 1,060.80
Address	Purpose Media Bu	-	
City	State OH	Zip Code	Check Number 1258

Page	_

Name of Committee in Full			
To Whom Paid Steven Hightower			M D Y Amount 0 9 2 9 0 5 1,000
Address 258 Lane Ave.	Purpose Consulting	g fees	
City Columbus	State OH	Zip Code 43201	Check Number 1299
To Whom Paid Steven Hightower	•		M D Y Amount 1 0 0 6 0 5 260
Address 258 Lane Ave.	Purpose reimburse	ement for pancake b	reakfast event supplies
City Columbus	State OH	Zip Code 43201	Check Number 1301
To Whom Paid U.S. Postmaster	· · · · · · · · · · · · · · · · · · ·		M D Y Amount 1 0 1 2 0 5 111
Address 850 Twin Rivers Drive	Purpose postage		
City Columbus	State OH	Zip Code 43216	Check Number 1303
Steven Hightower		-	M D Y Amount 1 0 1 2 0 5 1,000
Address 258 Lane Ave.	Purpose	ı fees	
City Columbus	State OH	Zip Code 43201	Check Number 1304
To Whom Paid			M D Y Amount
Address	Purpose		
City	OH State	Zip Code	Check Number
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid	<u> </u>		M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid	<u> </u>	· ···	M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
	I		